

2008 Announcements

Changes to KY Medicaid: Providers Should not be Impacted

Nov. 6

KY Medicaid is going through some changes that we would like to highlight for providers. It is important that you keep in mind that these changes have been designed to be executed so that providers should not feel an impact. Since 2005, First Health (FH) has served as the Administrative Agent for KY Medicaid. Thus, FH has taken care of enrolling and credentialing providers, making updates and changes to already-enrolled providers' files, and hosting workshops for providers, etc. These processes will eventually transition to the Department for Medicaid Services. This transition is currently underway and is scheduled to be completed by December 31, 2008. KY Medicaid will continue to use the same contact information, including the address and toll-free phone number.

If you have any questions regarding the transition of these processes, please call (877) 838-5085 Monday to Friday from 8 a.m. to 4:30 p.m. ET.

Announcement - National Provider Identifier (NPI) - Final Implementation Date

Oct. 8

This notice serves as a final reminder that submission of the prescriber's NPI on all pharmacy prescription claims is mandated for Kentucky Medicaid patients.

Click on the [National Provider Identifier \(NPI\) - Final Implementation Date](#) for more information.

Announcement: Important Changes to the Kentucky Children's Health Insurance Plan (KCHIP)

Beginning Nov. 1, KCHIP will have an easier application process. On this date, we will begin accepting mail-in applications.

Details on Governor Steve Beshear's plan to provide health coverage to more Kentucky children are available [on his Web site](#).

News Release: Enhanced Community Services Will Begin in August

Thursday, July 24

The Cabinet for Health and Family Services (CHFS) and Kentucky Protection and Advocacy (P&A) have reached a compromise that will allow individuals with mental retardation or other developmental disabilities to begin the process to receive enhanced community services in August, under an amended settlement agreement for the Michelle P. class action lawsuit. Click [here](#) to read the July 14 news release.

For more information about the Michelle P. Waiver, refer to the new Michelle P. Waiver [Web site](#).

Announcement: Provider Notification

Thursday, June 26

Effective April 1, 2008, DMS within CHFS has selected Health Care Excel (HCE) as the Medicaid Surveillance and Utilization Review System (SURS) contractor. Starting July 1, 2008, HCE will be conducting retrospective audits of Medicaid providers' paid claims.

For more information, click on the [provider notification](#).

Attention Providers: Additional information on National Provider Identifiers on Crossover Claims

Monday June 16

CMS has been alerted that small numbers of Coordination of Benefits Agreement (COBA) trading partners are having difficulty accepting 837 professional crossover claims where the 2310A loop ("Referring Physician") NM108 and NM109 segments are blank and also missing the accompanying "REF" segment. Providers would have transmitted these professional claims to Medicare prior to May 23, 2008, without an NPI. The Coordination of Benefits Contractor (COBC) has no method for re-sending these already transmitted claims with the 2310-A REF segment included. Therefore, if Kentucky Medicaid experience problems with accepting 837 professional claims due to translator programming, we will inform providers that it will be necessary for them to bill Kentucky Medicaid directly for these claims.

To mitigate further occurrences of the 2310-A REF problem within your 837 professional claim files, the COBC will, effective with June 11, 2008, no longer transmit claims that do not contain an NPI value where required.

If you have further questions, contact the EDI Helpdesk at (800) 205-4696.

Announcement: Ask the Medicaid Commissioner Forum

Thursday May 28

The next "Ask the Medicaid Commissioner" forum will be held 2:30 p.m. Friday, June 27 in the lower level conference room of the Blue Grass Community Action partnership office, 111 Professional Court, Frankfort. Directions are provided below.

All Medicaid members and their guardians, providers, advocacy organizations and staff are invited to attend to learn what's new with Kentucky Medicaid and to ask any questions they may have.

Requests for accommodations should be made to lynn.flynn@ky.gov or (502) 564-4321 no later than two weeks in advance of the meeting date.

Please pass this information along to others who may be interested.

Directions: From I-64, take Exit 58. Turn onto Versailles Road, away from downtown Frankfort and toward Versailles. Turn right onto Millville Road (first traffic light past the interstate interchange). Take the third right onto Corporate Drive. Take the second left onto Laneview Drive. Take the first right onto Professional Court. The meeting will be held on the lower level of the Blue Grass CAP building. Please use the parking lot to the right of the building.

Attention Providers: Additional Guidance and Clarification for Identifying Secondary Providers in KY Medicaid Claims

Wednesday May 14

In accordance with the NPI final rule, when an identifier is reported on a paper or electronically submitted claim for participating providers. For Kentucky Medicaid purposes, this requirement is effective May 23, 2008. If the entity to be identified as the participating provider does not furnish an NPI at the time of the order/referral/purchase or time of service, the billing provider must attempt to obtain that NPI in order to use it in the claim. The billing provider may use the NPI Registry or may need to contact the participating provider in order to obtain the NPI. While the Implementation guides for the 837 claims transactions permit the reporting of the Social Security Number (SSN) for some secondary providers if there is no NPI, we do not believe the billing provider will be successful in the obtaining the SSN.

If unable to obtain the NPI of the entity to be identified in the service facility location loop, no identifier should be reported in that loop.

- If unable to obtain the NPI of the participating provider, the billing provider shall use its own NPI to identify those secondary providers. Kentucky Medicaid will not pay these claims if these secondary providers are not identified by NPIs after May 23, 2008

Note: Kentucky Medicaid is NOT allowing pharmacy providers to use their own NPI in the prescriber field on the claim. Pharmacy providers are to bill the NPI of the prescriber, if they have it. If they do not have the prescriber's NPI, the pharmacy provider should submit the prescriber's license number for a period of time to Medicaid, effective May 23, 2008 and after.

Important Information for Kentucky Medicaid Providers

Friday May 9

May 14 is Legacy Free Day - an opportunity to check your National Provider Identifier (NPI) readiness.

DMS is requesting providers and their billing vendors to participate in a one-day NPI preparation exercise on Wednesday, May 14, 2008.

Participating Kentucky Medicaid providers will send Medicaid claims with NPI-only in provider fields which originally contain NPI/legacy pairs from the provider. In other words, you or your billing vendor will strip the legacy identifiers when they are submitted as part of an NPI/legacy pair.

Over the past month, Kentucky Medicaid has asked providers to begin testing NPI-only by sending a group of claims with NPI alone in primary provider fields. This exercise will help Kentucky Medicaid providers evaluate their NPI readiness prior to the May 23, 2008 deadline.

The outcomes of this exercise are described below:

- Claims are processed and paid by Kentucky Medicaid. Under this scenario, the provider can feel confident that his or her cash flow will not be affected by the May 23 implementation date; or
- Claims are rejected or suspended. Under this scenario, the provider will know in advance that there are problems that must be resolved prior to May 23. Resolution might include changes to the NPES data or to the Kentucky Medicaid provider enrollment record.

On May 15, participating providers and their billing vendors can revert back to billing claims with their NPI/legacy pairs. However, if you have the NPI and taxonomy on file with Kentucky Medicaid, continue to bill claims with the NPI.

Attention Providers: May 23 is only 4 weeks away. Are you prepared?

Monday April 28

The Department for Medicaid Services reminds providers and their billing vendors that the National Provider Identifier (NPI) and the taxonomy must be obtained, on file and used in claims submission before the end of the contingency date, May 22, 2008. Since NPI is a Centers for Medicare and Medicaid Services mandate that has been in effect since May 23, 2007, DMS chose to allow providers a contingency period.

Claims received by EDS for processing submitted with both the NPI and legacy provider number or just a legacy provider number will deny effective May 23, 2008.

Note: The NPI is the only value acceptable in any provider ID field on a claim, effective May 23, 2008. A taxonomy should also be submitted along with the NPI on the claim, in the case where a provider has registered one NPI with DMS but has enrolled and is billing claims for multiple provider types.

Providers enrolled as Hands, Commission for Handicapped Children, Title V, First Steps, Impact Plus and Non-emergency Transportation are considered **Atypical Providers** and are not required to submit an NPI and taxonomy on the claim. **Atypical providers will continue to submit the legacy provider number.**

To verify whether you or your billing vendor needs or is using an NPI, or would like to learn how you or your billing vendor can obtain, file and use an NPI, refer to the following Web sites for more information.

- [DMS NPI page](#)
- [CMS NPI information page](#)

Announcement - Policy Clarification for Tamper Resistant Prescription Pads (TRPP)

Tuesday April 8

The April 1, 2008 implementation of the tamper-resistant prescription pad requirements for written prescriptions billed to Medicaid has been successful thus far. However, there are policy clarifications that seem appropriate based on the questions received. To view the clarifications, click the [Policy Clarification for Tamper Resistant Prescription Pads](#).

Announcement - Tamper-resistant Prescription Pads Requirements effective April 1

Friday, March 21

Effective April 1, Medicaid will require all written prescriptions for outpatient drugs, including over-the-counter drugs, to be on tamper-resistant prescription pads. As you may recall, Congress mandated the new requirement last year, but temporarily postponed implementation until April 1 to allow more time for states to respond.

For more information about the tamper-resistant pads, click on the [General Provider Letter #A-80 - Tamper-resistant Prescription Pads Requirements Effective April 01, 2008](#).

Announcement: Ask the Medicaid Commissioner Forum

Thursday, Mar. 13

There will be an "Ask the Medicaid Commissioner" forum on 3 p.m. on Friday, April 25 at the Blue Grass Community Action partnership office, 111 Professional Court, Frankfort, in the conference room on the lower level of the building. Directions are provided below. All KyHealth Choices members and their guardians, providers, advocacy organizations and staff are invited to attend to learn what's new with KyHealth Choices and to ask any questions they may have.

Requests for accommodations should be made to lynne.flynn@ky.gov or (502) 564-4321 no later than two weeks in advance of the meeting date.

Directions: From I-64, take Exit 58. Turn onto Versailles Road, away from downtown Frankfort and toward Versailles. Turn right onto Millville Road (first traffic light past the interstate interchange). Take the third right to Corporate Drive. Take the second left to Laneview Drive. Take the first right to Professional Court. The meeting will be held on the lower level of the Blue Grass CAP building. Please use the parking lot to the right of the building.

Announcement - EDS, in conjunction with KyHealth Choices, will hold Billing Seminars starting in March and lasting through April.

Thursday, March 6

EDS, in conjunction with KyHealth Choices, will hold Billing Seminars starting in March and lasting through April. These Seminars are designed to offer providers instruction and assistance with claims submission guidelines. Each session will include: NPI and Taxonomy use, review of remittance advice changes, a comprehensive reference listing and a question and answer session.

For more information and registration information, click on the [Provider Workshop Notice](#).

Announcement - Kentucky Medicaid Receives Federal Approval for New Waiver

Tuesday, Feb. 26

Program Will Allow State to Serve Individuals with Brain Injuries in Community Settings

Kentucky's Medicaid program has received approval from the Centers for Medicare and Medicaid Services (CMS) to start a new waiver program to better serve individuals with acquired brain injuries in community settings.

The waiver will serve Kentucky residents age 18 and older with acquired brain injuries (ABI). It provides an alternative to institutional care for individuals who have reached a plateau in their rehabilitation level, and require maintenance services to avoid institutionalization and live safely in the community.

This new long term care waiver will complete the continuum of care by complementing Kentucky's existing ABI waiver program, which focuses on intensive rehabilitation services. The waiver also provides the option for self direction of services.

Plans call for Medicaid to roll out the new waiver services later this year.

Announcement- New NDC "Brown Bagging" List Form is now available

Monday, Feb. 11

The NDC Brown Bag List Form is now available on the DMS Web site. To view a copy of this form, refer to the Physician Services [page](#).

Announcement - NDC to HCPCS Crosswalk Codes are now available

Monday, Jan. 28

The NDC to HCPCS crosswalk codes are now available on the DMS Web site. To view a copy of the codes, refer to the Physician Services [page](#).

Announcement - MFP Draft Operational Protocol available for review on the DMS Web site

Friday, Jan. 11

In response to CMS grant requirements related to the MFP grant, an initial draft of the MFP Operational Protocol was submitted to CMS on Nov. 1, 2007. A revised submission was filed with CMS on Dec. 26, 2007 which includes benchmarks and other programmatic information. The Dec. 26, 2007 draft of the Operational Protocol is now available for review on the DMS Web site. The draft document and available for public viewing and revision. Please direct comments and questions to Mary Walker, project director at (502)564-7540.

To view a copy of this document, click on the Money Follows the Person (Kentucky Transitions) link listed on the left.